

**Maui County Department of Water Supply
Low Flow Fixture Data Form**

Date: _____

Name: _____

Address: (please provide a street address)

Street #

Street Name

Town

Zip

Phone Number: _____

Water Service Number: _____

(If you don't have your bill with you, please call to let us know your service #)

Today I took: (please indicate how many)

#_____Showerhead(s) N29295N

#_____Bathroom Faucet Aerator(s) N3104

#_____Kitchen Faucet Aerator(s) N3115V

#_____Self-Closing Hose Nozzle(s) N2157A

In my house, I have: (please indicate how many)

#_____Showers

#_____Bathroom Sinks

#_____Kitchen Sinks

#_____Hose Bibbs

#_____Toilets

#_____Bathtubs

#_____Laundry Sinks

#_____Bar Sinks

#_____Work-room sinks

#_____Clotheswashers

#_____Dishwashers

#_____Pools

#_____Jacuzzis

#_____Refrigerators

#_____Ice Machines

#_____Air Conditioners

I (circle one) **DO / DO NOT** Irrigate My Yard

#_____Acres Irrigated

Additional water uses besides those listed here:

I (circle one) **HAVE / HAVE NOT** received free low flow fixtures in the past:

(check one)

☐ MECO/Public Works/DWS Giveaway

☐ DWS Office

☐ Public Works Office

Type of Fixture:

Received:

If you have any problem with making these fixtures fit, or don't like them, please call and let us know at 270-7199.

If you have any questions or suggestions as to how else we can help you conserve, please write them here, or contact us at 270-7199.

